Army Nursing Research

Strengthening Military Nursing Practice Through Research

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A Challenging Era in Military Nursing

Army Nurse Corps 2000-2004

- *Where We Were*
- *What We Accomplished*
- *Securing the Future*

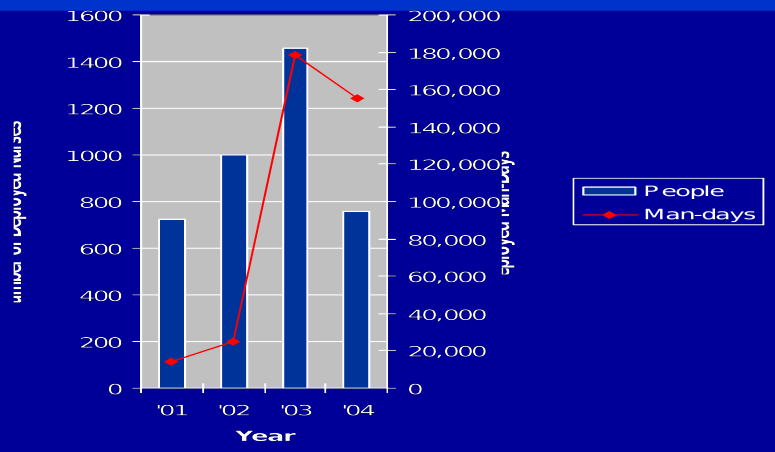
Nursing Workforce

- ***Secured a Active Duty Army Nurse Corps Budgeted End-Strength Increase***
  - ***THEN****: 3381 in 2000*
  - ***NOW****: 3415 in 2004 and 2005*
  - ***FUTURE****: 3426 by 2006*
  - *50% of Nurses in Military Treatment Facilities are civilian*
  - *USAR nurses have been called to backfill*

AN (AC) Deployments

(as of 21 Jan 04)

- *2004: 759 Army Nurses*
  Total man-days=155,434
- *2003: 1456 Army Nurses*
  Total man-days=178,375
- *2002: 1001 Army Nurses*
  Total man-days=25,133
- *2001: 722 Army Nurses*
  Total man-days=14,581



Retention of Nurses

- *Great concern given high optempo and long deployments*
- *Stress on active duty and civilian nurses who are not deployed and remain to staff CONUS hospitals*
- *What can be done to retain nurses –active duty and civilian?*

Retaining the Force

- ***Retention and Exit Survey***
  - ***THEN****: No good data to assess*
  - ***NOW****: AN Exit Survey providing good data*
  - ***FUTURE****: Continue to track and trend data*
- ***Overall Attrition***
  - ***THEN****: FY 00--10.3%*
  - ***NOW****: FY 03--8.7%*
  - ***FUTURE****: Manage PROFIS lists and deployment cycles closely;* ***Continue to track and trend data***

Army Nurse Corps Exit Questionnaire: A Usefool Tool

Results from
FY 2002 to 1st QTR FY 2004

WRAMC Nursing Research Service

Reasons for Leaving

% Responding "Extremely Important"

Family Issues	***2002***	***2003***	***2004****
Not enough time with family	*49%*	*47%*	*50%*
Desire to stabilize family	*44%*	*37%*	*38%*
Likelihood of assignment that excludes family	*27%*	*47%*	*38%*
Difficult to start a family on AD	*28%*	*31%*	*38%*
Want to stay home with children	*29%*	*20%*	*38%*
Separation from extended family	*28%*	*19%*	*38%*

*1st QTR only

Reasons for Leaving

% Responding "Extremely Important"

Quality of Life	***2002***	***2003***	***2004****
Wanting more control over life	*62%*	*44%*	*75%*
OPTEMPO/PERSTEMPO			
High likelihood of deployment	*25%*	*31%*	*75%*

*1st QTR only

Satisfaction with time in the Army Nurse Corps

	Satisfied	***Extremely satisfied***
• *2002*	*52%*	*22%*
• *2003*	*49%*	*29%*
• *2004*13%*		*38%*

Is overall satisfaction declining?

*1st QTR only

Retaining the Force

- ***Retention Incentives***
  - ***THEN****: No loan repayment or bonus.*
  - ***NOW****: ADHPLRP; CRNA and OR CSRB for one year; Anesthesia ISP for one or two year obligation.*
  - ***FUTURE****: Retain HPLRP and ISP programs (POM). Work with sister services for incremental improvements (increased dollars plus eligible AOCs).*

Nursing Workforce

- ***Recruiting Incentives (USAREC)***
  - ***THEN****: $5K Bonus*
  - ***NOW:*** *10K Accession Bonus and HPLRP for 3 years ($18M).*
  - ***FUTURE****: Up to 30K Accession Bonus, POM for HPLRP; Restart ANCP in FY 05 (30 Slots)*
  - *Applicants in FY 04 1st quarter nearly doubled in one year, all taking some type of bonus package*

Promotion Opportunity

- ***06 Command Grade Allocations***
  - *THEN: 110 CGA for 00-02*
  - *NOW: Increased to 123 for 04 and 05*
  - *FUTURE: Increase to 132 in 06; need to reach point between 140 and 150 to solve 06 promotion issue*
- ***Other grades within established SORs***

Senior Leadership

- ***Chief Nurse Board Process***
- ***Chief Nurse Orientation Course***
- ***Strategic Issues Conference***
- ***ANC Specialty Nursing Consultants***
- ***Commitment to Staffing Nursing Research Cells at Army Medical Centers***

Professional Collaboration

- ***Consultants***
  - ***THEN****: Added Ambulatory Nursing Consultant position in Nov 2000, civilianized Infection Control Consultant position in Nov 2000; maintained Pediatric Consultant position in Nov 2001; Regular Consultant VTCs established in 2003.*
  - ***NOW****: Clear process to select Consultants in place. Role is clarified and productive. Quarterly VTCs.*
  - ***FUTURE:*** *Continue to place emphasis on Consultant role and input to specialty concerns.*

Education

- ***Long Term Health Education and Training (LTHET)***
  - ***THEN**: Targeted programs and numbers*
  - ***NOW**: Tuition cap since 01; targeted programs and numbers to meet changing AN needs; case by case review of extensions; annual and supplemental boards as necessary; numbers remained steady for past few years*
  - ***FUTURE**: Protect the dollars; minimize impact of deployments on these officers; plan to institute follow-on assignments in conjunction with attendance.*

Education

- ***LTHET at USUHS***
  - ***THEN****: NP and Nursing Anesthesia programs*
  - ***NOW****: Added Peri-op CNS and PhD programs; Top graduation rates; strong FNSC relationship with GSON; AN officers in Commandant and faculty positions.*
  - ***FUTURE****: Support funding initiatives; continue to assess clinical needs for future program development; add AN authorization for Associate Dean position*

Education

- ***AN Preceptor Program***
  - ***THEN****: Program applied unevenly*
  - ***NOW****: Revised and improved program guidelines published and distributed in late 03*
  - ***FUTURE****: Evaluate program outcomes*
- ***Pediatric Nursing***
  - ***THEN****: Distance Learning Program started in 99; Decision not to re-establish AOC in May 02*
  - ***NOW****: Course at WRAMC. Has DL component. Next course is 18 Apr 04. Need minimum of 8 attendees.*
  - ***FUTURE****: Need to continue to capitalize on this program.*

Research

- ***TSNRP***
  - ***THEN****: $6M appropriated by Congress.*
  - ***NOW****: $6M from Congress in FY 04.*
  - ***FUTURE****: Must secure funding source external from Congress for program to survive.*

AN Research

- ***Over 90 Studies in Progress***
  - *Active and Reserve ANs*
- ***MILNOD***
  - ***THEN****: Established project in Jun 2001-ANOD; TSNRP grant obtained in 2002 -7 sites.*
  - ***NOW****: Collecting and collating data at Army and Air Force Sites –Navy to start soon; Falls programs standardized at 2 MEDCENS, Pressure ulcer assessment standardized at all sites*
  - ***FUTURE****: Increase to 14 sites - analyze staffing and outcome data; apply findings to practice.*

Division Nurses

- ***THEN:*** *None*
- ***NOW:*** *Purpose is to take on 91W sustainment in peacetime and provide care with 91W in Division medical units during wartime. 19 CONUS and 13 OCONUS Nurses; rank CPT; mixed results with utilization; concerns about ratings did not hold true.*
- ***FUTURE:*** *Begin fill with 0-4 in FY 05, attempt to move out of company to BN and higher. Up grade to 0-4; ensure that educational opportunities for these nurses match line counterparts. Prepare them for success. Expand influence.*

Reserves

- ***Integration***
  - *Many examples of tremendous support and positive integration at several MTFs.*
- ***Case Managers/Med Holdover***
- ***ROTC Mission***
  - *Evaluating potential to offer Guaranteed Reserve Forces Duty (GRFD) 2-year ROTC scholarships with direct assignment to TPU*
- ***Selective Continuation***
  - *Captains to 20 Years only*

Army Nursing Research

Today and Tomorrow

ANC Research Priorities

- Identification of specialized competency training and skill sustainment requirements
- Deployment health
- Nursing care of military beneficiaries
- Identification of acute care staffing requirements and their relationship to patient outcomes
- Military and civilian nurse retention
- Program evaluation of our core nursing education programs

Identification of Specialized Competency Training and Skill Sustainment Requirements

- *New challenges in 2004*
  - *New graduate ANC officers deployed to theatre of operations*
  - *New requirements for "just in time" training*
  - *Trauma nursing across the age spectrum*
  - *Care of prisoners of war*
  - *Ethical and cultural considerations in patient care*

Deployment Health

- *New challenges in 2004*
  - *Fitness for deployment*
  - *Chronic disease management*
  - *Health promotion during deployment*
  - *Psychological fitness*
  - *Post-traumatic stress*
  - *Redeployment care*

Nursing Care of Military Beneficiaries

- *New challenges in 2004*
  - *Trauma Care*
  - *Care through medical evacuation*
  - *Care of Amputees and Traumatic Brain Injury- acute care through rehabilitation*
  - *Wound care*
  - *Isolated families of deployed service members*
  - *Psychological injury*
  - *Leishmaniasis*
  - *Pain Management*
  - *Quality of life after battle injuries*

Identification of Acute Care Staffing Requirements and their Relationship to Patient Outcomes

- *New challenges in 2004*
  - *Rapid integration of USAR backfill nurses and non-regular staff*
  - *Higher acuity*
  - *Continued nursing shortage*
  - *Emphasis on decreasing medical errors*
  - *Deployment of active duty intensive care nurses*

Civilian and Military Nurse Retention

- *New challenges in 2004*
  - *High optempo*
  - *Long hazardous deployments*
  - *Increased family separations*
  - *Competitive job market*
  - *Increased stress of wartime*

Program Evaluation of Nursing Education Programs

- *New challenges in 2004*
  - *91W` Skills Sustainment*
  - *New requirements for "just in time" training*
  - *Limited Continuing Education Opportunities in high optempo environment*
  - *Need to evaluate special programs – e.g. ATCC in Miami*

Bottom Line

- Many outstanding studies ongoing
- Priorities well-addressed
- Wartime presents greater challenges
- **Time to re-prioritize**
- Great need for deployment nursing oriented studies
- Need for educational program evaluation studies

47 Years of Nursing Research

- 1957 - Nursing Research Department at WRAIR
  - Clinical Studies
    - Oral and Nasal Hygiene
    - Pressure Ulcers
    - Body Temperature
    - Circadian Rhythms

Army Nurses Have Been in the Forefront of Nursing Resea

We've Come a Long Way...

- *In 2004 we have 5 Active Army Nursing Research Services*
  - *Walter Reed Army Medical Center*
  - *Madigan Army Medical Center*
  - *Brooke Army Medical Center*
  - *Tripler Army Medical Center*
  - *Eisenhower Army Medical Center*

AMEDD Global Engagements

AS OF: 22 JAN 04

ONE - Various Locations

OJF - Bosnia Croatia

ERMC Backfill Germany

OJG - Kosovo/Macedon

OEF - Various Locations

Desert Spring Kuwait

ARCENT Support KU, SA, UAE, EG, BA, QA

CRTC Alaska

SMEE Russia

FTX Korea

NTC 04-03 Ft Irwin

FTX/BACKFILL Hawaii

AFIP Dover, DE

FTX Ft Polk

GTMO OEF SPT

JTF BRAVO/ MEDRETE Honduras

Plan Colombia Spt

Desert Shift Saudi Arabia

DEPLOYED

AMEDD

AMEDD AC: 4692

AMEDD RC: 2213 TOTAL: 6905

MEDCOM

PROFIS: 1140

BACKFILL: 22

MED AUG:

GRAND TOTAL: 8317

BREAKOUT: OIF/ OEF / ONE 1247

17 COUNTRIES
11 CONTINGENCIES
10 EXERCISES
5 CBT CDRS SPT
6 RMC
3 MSC

MEDCOM Tasking

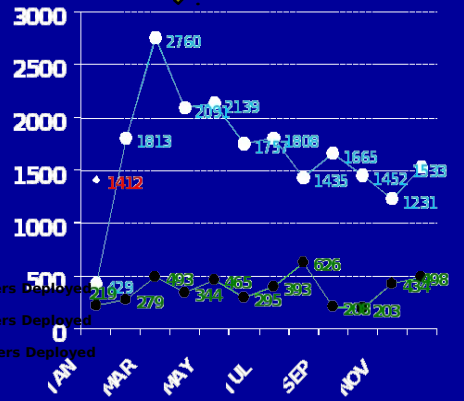
TOE/MEDCOM Shared Tasking

Army TOE Tasking

AMEDD PERSONNEL ASSIGNED (PCS SLOTS)

	EUCOM	SOUTHCOM	CENTCOM	PACOM	JFCOM	TOTAL
MEDCOM	2169	42	8	1968	20,142	24,329
AMEDD	2880	21	113	2913		

MEDCOM PERSONNEL DEPLOYED



With Help from Good Friends

The Soldier on Point is NOT Alone

Army Nurse Corps
Ready, Caring, Proud

Questions?